



ARIZONA STATE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

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Governor

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ABOUT LICENSURE IN ARIZONA

Thank you for your interest in licensure in Arizona. The Arizona Board of Homeopathic Medical Examiners licenses homeopathic physicians independently of licensure by allopathic or osteopathic boards. This information packet explains the requirements for licensure.

The scope of a homeopathic license includes the practice of acupuncture, chelation, homeopathy, minor surgery, neuromuscular integration, nutrition, orthomolecular therapy and pharmaceutical medicine (see A.R.S. § 32-2901(22)). If you practice chelation, you are required to file additional information with the Board for approval, before doing this therapy.

If you locate to Arizona and wish to dispense medicine, substances or devices as part of your practice, you are required to obtain a dispensing permit. The application for the dispensing permit is separate from the application for licensure and requires payment of additional fees.

This packet contains:

1. This information flier
2. Applications for license and for a permit to dispense

This document is available in alternative formats by contacting the Board's Executive Director at (602) 542-3095, extension 4 (TDY 711).

REQUIREMENTS FOR INITIAL LICENSURE

To be considered for licensure in Arizona, you must have the following:

1. An active license to practice allopathic, osteopathic or homeopathic medicine in a state, district or territory of the United States.
2. A completed application on file, with all questions answered and your signature notarized. Pursuant to A.R.S. §32-2912(F)(4) the date that the Board receives your application **and fee** begins the one-year time frame for completion of all licensing requirements, including examinations, interviews and payment of issuance fees.
3. Payment of the **\$500 application fee**, in U.S. funds. This fee is not refundable. The Board will accept a personal or business check, or guaranteed funds such as a money order or

certified check. *No cash can be accepted through the mail.*

4. Written verifications of licensure and good standing from every state, province or jurisdiction certifying that your license there is in good standing, or was in good standing when the license went inactive. These verifications must be mailed to the Board directly from the state, province or jurisdiction that issued the license and bear the appropriate seal. A “*Verification of License*” form is included in the application packet. You may use it or each state may send/use its own form. It is recommended that you call the state or jurisdiction that issued the license to determine if there is a fee to provide the verification of license status.

5. Written confirmation that you graduated from a medical school approved by the American Medical Association, the American Osteopathic Medical Association or the equivalent as determined by the Board. **This confirmation must come directly from the medical school.** It may be in the form of a transcript, a diploma or a letter from the medical school as long as the confirmation identifies you, the school, the date you graduated AND the original (usually embossed) seal of the school.

6. In lieu of a degree of doctor of medicine in homeopathy, an applicant must provide on the form included in the application packet (entitled *Summary of Post Graduate Course Studies*) documentation of at least 300 hours of formal postgraduate education *with at least 40 hours of the 300 hour requirement in a course of classical homeopathy*. The remaining hours may be one or more of the treatment modalities that are recognized within Arizona as making up a “*practice of homeopathic medicine*”. In addition to classical homeopathy the remaining modalities include any combination of coursework in nutrition, acupuncture, chelation therapy, neuromuscular integration, or orthomolecular therapy. You must also include a copy of the certificate of attendance or letter documenting your attendance (on the professional letterhead of the organization offering the course). The documentation must show the following: 1) name of organization offering the course, 2) name of instructor, 3) brief description of the course, and 4) dates attended and credit hours granted. Examples of Board-approved courses are included in this packet at number 28.

7. In lieu of formal postgraduate courses an applicant may qualify for licensure based on completion of a preceptorship conducted by a preceptor qualified to provide instruction in one of more of the treatment modalities described in number 6. You must submit the following: a notarized affidavit from the preceptor on their professional letterhead attesting to: the preceptor’s educational qualifications to include the number of years the preceptor has been conducting preceptorships, the dates of the preceptorship, an outline of the training conducted and the type of treatment modality involved in the training, the number of didactic and clinical training hours in the preceptorship, and the nature of services performed during the training.

8. Letters from three licensed doctors (homeopathic, allopathic or osteopathic) attesting to their personal and professional knowledge of your fitness, both mental and physical, to practice medicine. ***These letters must be on the professional letterhead of the doctor writing the recommendation and must contain the doctor's notarized signature.*** It is not necessary that the letters be from doctors licensed in Arizona, as long as the doctors writing the letters identify the state in the U.S. or any province in Canada in which they are licensed. ***These letters should***

come to the Board directly from the doctors who write them.

9. A copy of your current curriculum vitae that documents internships, residencies and practice history.

10. A written examination on classical homeopathic remedies, described at number 12. If you have practiced classical homeopathy for at least three years preceding your application or you hold a current, unsuspended, and unrevoked license to practice homeopathic medicine in either Nevada or Connecticut, you may request waiver of the written examination. The procedures for requesting a waiver are explained at numbers 13 through 16, below.

11. An oral examination and interview with the Board of Homeopathic Examiners, as described at number 13.

THE WRITTEN AND ORAL EXAMINATIONS

12. The written examination consists of 100 questions covering the following areas of classical homeopathic medicine:

Materia medica	20%
Repertory	20%
Philosophy	25%
Posology and treatment	25%
Case taking and analysis	8%
Ethics and law	2%

The three-hour examination consists of questions written in multiple choice, “matching” and open answer format. A portion of the exam requires use of a repertory which will be furnished to you by the Board. No other written materials, notes or materia medica references may be brought into the examination room or used during the written exam. ***Computer repertories are not permitted.*** Unless you are otherwise notified, the written examination will be conducted at the Board office. A passing score of at least 70% must be obtained.

To prepare for the written examination, the Board suggests that you study the following remedies: Antimonium Tart, Aconite, Apis, Arnica, Arsenic Album, Belladonna, Bryonia, Chamomilla, Clacarea Carbonica, Causticum, Calendula, Cantharis, Carbo Veg, Eupatorium Perf, Ferrum Phos, Gelsemium, Hepar Sulph, Hypericum, Ignatia, Ipecac, Kali Bichromicum, Lachesis, Ledum, Lycopodium, Mag Phos, Mercuris, Natrum Mur, Nux Vomica, Phosphorus, Pulsatilla, Rhus Tox, Ruta Grav, Sepia, Silica, Spongia, Staphysagria, Sulphur, Symphytum, Urtica Urens, Veratrum Album.

13. The oral examination and interview consists of two parts: your presentation of a case study to the Board, and a discussion of your background and credentials. You will be asked to arrive at the Board meeting a half-hour before you are scheduled and prepare a case study for presentation to the Board that demonstrates your ability to evaluate and treat a patient, at a minimum, using classical homeopathic medicine. You should also be prepared to answer questions about your credentials and background at this time. Unless you are otherwise notified,

your oral examination and interview will be held in the Basement Conference Room located at 1400 West Washington, Phoenix, during a regularly scheduled meeting.

REQUESTING WAIVER OF THE WRITTEN EXAMINATION

14. Make your request in writing, either on page one of the application or in a separate letter. By policy, the Board does not grant waivers of the written examination to any applicant whose coursework hours in classical homeopathy consist of more than 10% self-study.

15. Verify that you hold a current, unrestricted license to practice homeopathic medicine from a state, province or jurisdiction, whose initial licensing requirements are equal to or greater than those of Arizona. Have the verification sent to the Board directly from that state OR file an attestation that you have practiced primarily homeopathic medicine for the past three years. The Board defines "*primarily practiced*" as meaning that, within a full time (30 plus hours a week, financially compensated) practice, at least 30% of your patients were treated with homeopathic remedies. Please note that the Board distinguishes between practicing homeopathic medicine and the use of other alternative medicine modalities (such as acupuncture, nutrition and chelation) that are included in the homeopathic medical scope of practice.

16. Have submitted on your behalf **letters from three licensed doctors who currently practice homeopathic medicine** attesting that 1) you are physically and mentally able to practice medicine and 2) that you have practiced homeopathic medicine for the past three years. ***These letters must be on the professional letterhead of the doctor and the doctor's signature must be notarized.*** These letters should come to the Board directly from the doctors writing them. These three letters will take the place of the three letters described above in number 8.

17. Discuss your request with the Board at a meeting. This meeting to discuss your request for waiver of the examination is **in addition to** the interview discussed in number 13, above. If the Board grants you a waiver of the written examination, you must still take the oral examination. You may schedule your waiver interview for any Board meeting, as long as your application is submitted at least 30 days before the meeting, and all supporting documentation is received at least one week before the meeting. See the meeting dates enclosed herewith.

ADDITIONAL REQUIREMENTS FOR OPTIONAL ASPECTS OF PRACTICE:

If you also want to treat patients using **chelation therapy**:

18. Documentation of post graduate education equivalent to that required by the American Board of Clinical Metal Toxicology, American College of Alternative Medicine, International College of Integrative Medicine, or the American Academy of Environmental Medicine or other sponsor approved by the Board that provides training for eligibility for certification.

19. A copy of informed consent document and the protocols you intend to follow in administering chelation therapy (see A.A.C. R4-38-113).

If you also want to treat patients using **experimental procedures**:

20. Submit to the Board a copy of your informed consent document, and the protocols you intend

to follow (see A.A.C. R4-38-109 and R4-38-112).

APPLICATION FOR A DISPENSING PERMIT

If you also intend to dispense drugs and devices, including controlled substances, prescription-only drugs, homeopathic medications and nonprescription drugs from your practice located within Arizona, you must apply for and receive a *dispensing permit*:

21. Complete the enclosed form titled "*Application for a Dispensing Permit*" and **attach a copy of your current DEA registration** if you intend to prescribe controlled substances.
22. Submit an **additional fee of \$200**. You may include this amount in the check with the application for license fee.

DATES AND DEADLINES

23. The schedule of Board meetings and written examinations are attached to this information document. **Your application must be received at least 30 days before the examination you take.** Please plan accordingly.

THE COST OF LICENSURE IN ARIZONA

24. It will cost you at least \$750 to become licensed in Arizona; that is \$500 for the application and \$250 for issuance of the initial license. In addition, if you dispense drugs and devices from a practice location within Arizona there is a \$200 fee to apply for a dispensing permit. **Do not submit the issuance of the initial license fee (\$250) until the Board votes to grant you a license. You may bring this fee to the oral examination if you wish.**
25. The **annual renewal of your license \$600. If you have a dispensing permit, you must also renew that annually.** At present, the **total cost of renewal for both is \$750 (\$600 for licensure and \$150 for dispensing permit).**
26. There is no additional cost for filing chelation protocols. Once filed their renewal is included in your license renewal fee.

CONTINUING EDUCATION REQUIREMENT

27. At this time, there is no requirement that you attend continuing education as a condition of license renewal.

ABOUT THE BOARD'S USE OF YOUR SOCIAL SECURITY NUMBER

28. Pursuant to ARS §25-320, disclosure of your social security account number to this agency is **required**. We request social security numbers of our applicants and licensees for the purpose of identification in carrying out our statutory functions. **Your social security number will be not released to the general public.** Your social security number may be released to authorized persons pursuant to a provision of the law. Authorized persons include: an officer or employee of the United States; an officer or employee of any State, political subdivision of a State, or agency of a State or political subdivision of a State, or an officer or employee thereof, who is acting pursuant to a provision of law. 42 U.S.C. § 405(c)(2)(C)(vii)(III). Upon request

by the Arizona Department of Economic Security, your social security account number will be disclosed for purposes of establishing paternity pursuant to A.R.S. § 12-852(B) and establishing and enforcing child support orders pursuant to A.R.S. §§ 12-2452 (F) and 25-320(K). The Board may also use your social security number as a confidential identifier when inquiring about your education, background or fitness to practice. (An example of this type of use would be to request information from the National Practitioner's Data Bank).

POST GRADUATE TRAINING COURSES

29. The following are examples of institutions and organizations whose postgraduate training programs are of a quality that would merit approval by the Board. Those with * following their name have already had their programs approved by the Board.

Classical and contemporary homeopathy

National Center for Homeopathy, Alexandria VA*	(703) 548-7790
Hahnemann College of Homeopathy, Berkeley CA*	(1-800-876-7798) or (503)-236-0475
New England School of Homeopathy, Amherst MA*	(413)-256-5949
Desert Institute of Classical Homeopathy, Phoenix AZ* (40 hour Introduction and 50 hour Intermediate Course are available)	(602) 864-1776
Colorado Institute for Classical Homeopathy*	(303) 440-3717
British Institute of Homeopathy*	(310) 577-2235
Heel Homotoxicology Home Study Course	(800) 963-6226

Acupuncture (including electro-diagnosis)

Medical Acupuncture for Physicians, UCLA Extension	(213) 825-7257
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Chelation therapy

American Board of Clinical Metal Toxicology*	(800) 356-2228
International College of Integrative Medicine*	(708)-579-1772

Neuromuscular integration

North American Academy of Manipulative Medicine	
American Academy of Osteopathy*	
American Association of Orthopaedic Medicine*	
Sutherland Cranial Teaching Foundation*	(817)926-7705

Nutrition/Orthomolecular medicine/Clinical ecology

Wright-Gaby Nutritional Seminars*	http://www.doctorgaby.com
American Academy of Environmental Medicine*	(316) 684-5500

DISCLAIMER

30. Every attempt is made to ensure that the information given in this application packet is correct. However, the laws, rules and policies of the Board may change; regardless of what this packet says, you must meet the qualifications in effect on the day your application is received. You may still submit an older application, although you will be asked to supplement and update

your application, if necessary, to meet current requirements.